



**State of Nevada Office of the State Treasurer**  
**Unclaimed Property**  
555 East Washington Avenue, Suite 4200, Las Vegas, NV 89101-1075

## REQUEST FOR HOLDER REIMBURSEMENT

HOLDER INFORMATION		
Holder Information:		Tax/FEIN Number:
Mailing Address:		
City:	State:	Zip Code:
Contact Person:	Phone Number: (     )	Fax Number: (     )

PROPERTY INFORMATION		
Report Year:	Report Amount:	Property Type:
Date Paid to Owner:	Amount Paid to Owner: \$	Number of Shares:
Name as indicated on Report (owner):		Is this Aggregate? Yes <input type="checkbox"/> No <input type="checkbox"/>
Owner Address:		

**NOTE: A copy of the proof of payment made to rightful owner must be accompanied with this request.**

HOLDER INDEMNIFICATION AND AFFIDAVIT
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I, \_\_\_\_\_, a duly authorized representative of the holder listed above, do hereby certify that the above listed funds, or other property that was listed in the report filed by the holder have been paid to the rightful owner(s) or their appointed representative. I agree, upon payment of the above described property, to indemnify the state of Nevada and hold it harmless from all claims and losses, demands, costs, and other expenses which the State may sustain by reason of turning over property to the holder and by reason further of its refusal to pay the property to any other person or persons:

Name of Representative (type or print legibly) \_\_\_\_\_ Title \_\_\_\_\_

Signature of Holder Representative \_\_\_\_\_ Date \_\_\_\_\_

NOTARY	
(Notary Stamp)	Sworn to and subscribed before me this _____ day of _____, 20_____ Notary: _____ My Commission expires: _____